

Comparison of Statewide Strategic Health Plans For California's Children and Youth

Introduction

From 1997 through 2001 three strategic planning processes with a focus on the health of children and adolescents are being conducted, parallel in time and with great similarities. The results are *Building Infrastructure for Coordinated School Health: California's Blueprint (Blueprint)*; *Investing in Adolescent Health: A Social Imperative for California's Future (AHP)*; and *California Children's Coalition for Activity and Nutrition (CCCAN)*. All three plans are the products of quality needs assessments with broad multidisciplinary representatives contributing to their development and final recommendations. An additional plan that is part of this landscape is the Department of Alcohol and Drug Programs' *Prevention Platform*.

This is not an exhaustive summary of all the initiatives, new programs, research and state plans related to school health, but a comparison of four of them. Alarming data related to nutrition and physical activity has generated concern and attention at the state and federal levels. As a result, numerous projects and initiatives appear to be under way.

Origins of the Plans

The *Blueprint* is a joint project of the California Departments of Education (CDE) and Health Services' (CDHS) School Health Connections Program, which is funded by the Centers for Disease Control and Prevention Division of Adolescent School Health (DASH). The *AHP* is a project being conducted by the National Adolescent Health Information Center of the University of California, San Francisco with funding from the California Department of Health Services Maternal and Child Health Branch. The California Elected Women's Association for Education and Research in collaboration with the California Department of Education's Nutrition Services Division and the California Department of Health Services Nutrition Network provide leadership for the *California Children CAN!* Project. Funding is provided by the U.S.D.A. with administrative support by the Public Health Institute. The *Prevention Platform* is the product of collaboration by the prevention community with leadership provided by the Department of Alcohol and Drug Programs with assistance from a steering committee.

Comparison Conclusion—School Health Plans are Compatible

Overall, the *Blueprint* provides a well-defined model through which school health programs for all PreK-12 youth can be provided. The *AHP* recommendations for adolescent health services, the *California Children CAN!* recommendations for nutrition services and education and physical education, are certainly in alignment with the coordinated school health model and could be developed and delivered within that context. If the eight component model of coordinated school health programs can be advanced in California, it will provide a viable infrastructure through which to facilitate the implementation of the *AHP*, *California Children Can* and the *Prevention Platform* statewide initiatives and guidelines. It can be anticipated that together they will surely have an impact on student health indicators at all levels.

These four plans have evolved from networks of different constituencies. The elements of their foundations have many similarities. They all recommend including youth in finding solutions and implementing strategies, and focus on the need for policies, funding and collaboration. It is important to avoid confusion and distinguish the differences between the four plans. As implementation steps are taken, it is vital that advocates understand all four plans, are able to interpret their differences with their audiences and promote them as complementary to one another and not in competition with each other.

Summary of Four Statewide Strategic Plans

| <i>Building Infrastructure for Coordinated School Health: California's Blueprint</i> | <i>Investing in Adolescent Health: A Social Imperative for California's Future</i> |
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| <p>Purpose: To build infrastructure for a coordinated school health system to improve health status and reinforce healthy behaviors with PreK-12 students in California schools.</p> <p>Design: The plan calls for collaboration and support of the eight component coordinated school health (CSH) model (school health education; physical education; health services; parent/community involvement; counseling and psychological services; nutrition services; healthful school environment and health promotion for staff). Action steps are recommended for state, counties and local school districts for each of six goals.</p> <p>The Goals: 1) Support youth development; 2) Implement CSH policies; 3) Increase funding for CSH; 4) Increase collaboration; 5) Build personnel capacity; 6) Use research-based strategies.</p> | <p>Purpose: To move policy development related to adolescent health in three directions:</p> <ul style="list-style-type: none"> • Make youth a policy priority; • Create supports and opportunities for all youth; • Improve services and service systems. <p>Design: Based on current work on broad initiatives, policy advocacy, and service programs, the plan recognizes that many adolescent health issues are rooted in a common set of social, environmental, and systemic factors. It provides eight core recommendations for improving all domains of adolescent health.</p> <p>The Goals: 1) Build public support; 2) Youth involvement; 3) Provide health services; 4) Build stable families; 5) Coordinate adolescent health services; 6) Create communities with positive options for youth; 7) Use coordinated school health model; 8) Base programs on use of data.</p> |
| <i>California Children's Coalition for Activity and Nutrition (Ca.ChildrenCAN!)</i> | <i>California Prevention Platform</i> |
| <p>Purpose: To provide research, education, and support of healthy school environment policies that address obesity, health issues, and academic performance of California's children through health, education and agriculture agencies.</p> <p>Design: This plan, still in the formative stage, is facilitated by the California Elected Women's Association for Education and Research in collaboration with California Departments of Education and Health Services and at least 21 additional partners. It is based on five goals and eight priority issues related to childhood obesity and physical activity, nutrition education and academic achievement.</p> <p>Goals: 1) Create healthy school environments; 2) Support and fund policies and programs; 3) Collaborate; 4) Gain broad based support; 5) Promote healthy eating and physical activity.</p> | <p>Purpose: To forge a single statewide Prevention Platform designed to guide the Prevention Collaborative, which represents California's prevention community as it develops and implements prevention policies and programs in California through 2005.</p> <p>Design: The Platform is grounded and framed by several interdependent principles. It provides eight planks or recommended elements.</p> <p>Planks: 1) Create collaborative; 2) Provide leadership for collaboration; 3) Involve youth in solutions; 4) Use research-based strategies; 5) Increase professional capacity; 6) Provide technical assistance; 7) Fund prevention; 8) Convene annual summit.</p> |